

## Plan of Correction

<b>Program Name:</b> Sisseton-Wahpeton Oyate DBA Dakotah Pride Center	<b>Date Submitted:</b> 10/27/2017	<b>Date Due:</b> 11/27/2017
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Administrative POC-1	
<b>Rule #:</b> 67:61:04:01	<b>Rule Statement: Policies and procedures manual.</b> Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.
<b>Area of Noncompliance:</b> The agency's policies and procedures manual reference's the old ARSD. The current rules went into effect in December 2016.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Dakota Pride administrative staff will make the changes to the policy and procedures manual change from 45:05:03:06 to 67:61:04:01.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 02/01/2018
<b>Supporting Evidence:</b> Changes to the Policies and Procedures Manual will be available for inspection when completed.	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Approval from Quality Improvement Committee: Human Service Board and Tribal Council.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2	
<b>Rule #:</b> 67:61:06:02	<b>Rule Statement: Guaranteed rights.</b> A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including: <ul style="list-style-type: none"> <li>1) The right to refuse extraordinary treatment as provided in SDCL <a href="#">27A-12-3.22</a>;</li> <li>2) The right to be free of any exploitation or abuse;</li> <li>3) The right to seek and have access to legal counsel;</li> <li>4) To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;</li> <li>5) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016); and</li> <li>6) The right to participate in decision making related to treatment, to the greatest extent possible.</li> </ul>
<b>Area of Noncompliance:</b> The client's right form needs to be updated. The form was missing two of the six requirements.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Dakota Pride will add the two additional guaranteed rights to be included in the manual. The right to confidentiality of all records, correspondence, and information related to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of SAMHA. The right to participate in decision making related to treatment, to the greatest extent possible.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 02/01/2018

<b>Supporting Evidence:</b> Changes to the Policies and Procedures Manual will be made available for inspection when completed.	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Approval from Dakota Pride Quality Improvement Committee.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3	
<b>Rule #:</b> 67:61:07:04	<p><b>Rule Statement:</b> <b>Closure and storage of case records.</b> The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including:</p> <ol style="list-style-type: none"> <li>1) The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS;</li> <li>2) Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or clients who have not received services from an outpatient program in 30 days; and</li> <li>3) Procedures for the safe storage of client case records for at least six years from closure.</li> </ol>
<b>Area of Noncompliance:</b> The policies and procedures manual did not reflect the current timelines in accordance with rule.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Dakota Pride to include in their new policies and procedures manual 67:61:07:04 Closure and storage of case records. 1. Identify staff positions responsible for the closure of case records; 2. Procedures for the closure of inactive client records that are clients who have not received services from the inpatient program for 3 days; 3. Procedures for the safe storage of client case records for at least six years from closure.	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> 02/01/2018</p>
<b>Supporting Evidence</b> Completed Policies and Procedures Manual.	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Monitored by the Quality Improvement Committee quarterly meetings.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-4	
<b>Rule #:</b> 67:61:02:21	<p><b>Rule Statement:</b> <b>Sentinel event notification.</b> Each accredited agency shall make a report to the division within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life</p> <p>The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:</p> <ol style="list-style-type: none"> <li>1) A written description of the event;</li> <li>2) The client's name and date of birth; and</li> <li>3) Immediate actions taken by the agency.</li> </ol> <p>Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.</p> <p>Each agency shall also report to the division as soon as possible: any fire with structural</p>

damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.	
<b>Area of Noncompliance:</b> This was not found within the agency's policies and procedures.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Dakota Pride will include this rule in the Policy and Procedures manual.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 02/01/2018
<b>Supporting Evidence:</b> Completed Policies and Procedures Manual.	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Monitored by Quality Improvement Committee at quarterly meetings	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-5	
<b>Contact Attachment 1</b>	<p><b>Rule Statement: Contract Statement:</b> <b><u>Populations to be Served</u></b></p> <p>It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.</p> <p><b>A. Priority Populations</b></p> <p>Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:</p> <ol style="list-style-type: none"> <li>1) <b>Pregnant Women</b> <ol style="list-style-type: none"> <li>a) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds.</li> <li>b) The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children.</li> <li>c) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124.</li> <li>d) Pregnant Women who are also Intravenous Drug Users are the highest priority for services.</li> </ol> </li> <li>2) <b>Intravenous Drug Users</b> <ol style="list-style-type: none"> <li>a) The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use.</li> <li>b) The agency shall maintain a record of outreach services provided to intravenous drug users.</li> <li>c) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131.</li> <li>d) The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling.</li> </ol> </li> <li>3) <b>Adolescents</b></li> </ol> <p><b>Limited English Proficiency Policy</b></p>

	<p>4) The agency shall develop and implement a Limited English Proficiency Policy (LEP), as a condition for funding under this contract agreement to ensure that LEP individuals are provided with an opportunity to participate in and understand all provided services.</p> <p>5) The means of effective communication may be through interpreters or the translation of written material as deemed necessary by the Agency.</p>
<b>Area of Noncompliance:</b> To publicize priority services for pregnant women, women with dependent children, and IV users and also needs to be documented. Please develop a policy for Limited English Proficient as well.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Dakota Pride with Contract Statement, Populations to be Served, to publicize priority given to pregnant women. Dakota Pride currently does have a specific program that provides inpatient & residential services to pregnant women. Dakota Pride will develop and implement a program of outreach services to identify individual in need of treatment for their intravenous drug use and encourage the individuals to enter treatment. Also to provide information regarding that we provide special services for individuals who need assistance for limited English speaking.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 02/01/2018
<b>Supporting Evidence:</b> Completion of Policies and Procedures Manual	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Monitored by the Quality Improvement Committee quarterly meetings.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-6	
<b>Rule #:</b> 67:61:04:02	<b>Rule Statement: Statistical data.</b> Each agency shall submit accurate statistical data on each client receiving services to the division in manner agreed upon by the division and the agency. The agency shall provide statistical data on all services in accordance with the state Management Information System (MIS), and the agency shall provide any other data required by the division and state and federal laws and regulations.
<b>Area of Noncompliance:</b> The agency has not been including non-contracted clients into the state Management Information System (STARS)	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Seek to have all clients contracted and non-contracted sign a release of information & confidentiality to have their statistical information sent to State MIS( STARS) in accordance with Federal laws and regulations.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 02/01/2018
<b>Supporting Evidence:</b> Completed Policies and Procedures Manual.	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Monitored at quarterly Quality Improvement meetings.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-1	
<b>Rule #:</b> 67:61:07:06	<b>Rule Statement: Treatment plan.</b> An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and includes:

	<ol style="list-style-type: none"> <li>1) A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence;</li> <li>2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified;</li> <li>3) Measurable objectives or methods leading to the completion of short-term goals including:               <ol style="list-style-type: none"> <li>a) Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives;</li> <li>b) Specification and description of the indicators to be used to assess progress;</li> <li>c) Referrals for needed services that are not provided directly by the agency; and</li> <li>d) Include interventions that match the client's readiness for change for identified issues; and</li> </ol> </li> <li>4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.</li> <li>5) The individualized treatment plan shall be developed within ten calendar days of the client's admission for an intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program.</li> </ol> <p>The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.</p> <p>All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.</p>
<b>Area of Noncompliance:</b> The treatment plans were missing three of the requirements for one or more of the reviewed charts.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> In-service training to be provided to Counseling Staff on the correct requirements for documenting the individual treatment plan, including time frames; specific indicators to be used to assess progress; referrals for services not provided by our program and include interventions that match readiness of change.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 01/01/2018
<b>Supporting Evidence:</b> Completed Policies and Procedures manual	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Monitored at quarterly meetings of the Quality Improvement Committee.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-2	
<b>Rule #:</b> 67:61:18:05	<b>Rule Statement: Intensity of services.</b> A medically-monitored intensive inpatient treatment program for adults shall provide daily to each client a combination of individual, group, or family counseling which shall total a minimum of 21 hours per week. The program shall also provide a minimum of nine hours of additional services on specialized topics that address the specific needs of the client. The additional services shall be identified on the client's treatment plan or continued stay review. These services shall be provided by an individual trained in the specific topic presented.
<b>Area of Noncompliance:</b> The progress notes and continued service reviews did not reflect clients were receiving the minimum number of hours.	

<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> To develop documentation on the continued stay criteria for inpatient services that describes and documents the number of hours of treatment services provided at least 21 hours of clinical counseling and 9 nine of additional services regarding the specific needs of each client.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 01/01/2018
<b>Supporting Evidence:</b> Completion of Policies and Procedures Manual.	<b>Person Responsible:</b> Richard Bird, Director
<b>How Maintained:</b> Monitored at Quarterly meeting of the Quality Improvement Committee	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Program Director Signature: 	Date: 
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Send Plan of Correction to:

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